DECLARATION FOR UTILITY OR			Attorney Docket No.		9045M					
DESIGN						1				
PATENT APPLICATION			First Name	First Named Inventor		Kevin Gene Peters				
(37 C.F.R. 1.63)			COMPLETE IF KNOWN							
COMBINED WITH POWER OF			Applicatio	n Numbe	er					
COMBIN	ATTORNEY	WEROI			}					
[x]Declaration	[] Declaration		Filing Date		Augus	t 4, 2003				
Submitted	Submitted After I	nitial	Group Art							
with Initial	Filing (surcharge	I	Examiner		1					
Filing	(37 C.F.R. 1.16 (e) required)	Confirmati	on Num	ber					
I hereby declare tha	t:									
Each inventor's resid	ence, mailing addres	s, and citizenship are	as stated be	low next	to their nan	ne.				
	~	-					aimed and for which a			
							arget in Treatment of			
Angiogenesis Medi										
the specification of which										
(check	(-)	ched hereto.				(MANA/IDID/IV)	VVV) as United States			
one) [] was filed on(MM/DD/YYYY) as United States Application No. or PCT International Application Serial No										
	and was amended on									
(if applicable)										
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for										
continuation-in-part applications, material information which became available between the filing date of the prior application and the										
national or PCT international filing date of the continuation-in-part application.										
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							for patent or inventor's n the United States of			
							or inventor's certificate,			
		ng a filing date before	that of the	applicati	on on which					
Prior Foreign Appli		Foreign Filing D		Priority Not Claimed		1	d Copy Attached?			
Number(s)	Country	(MM/DD/YYYY	0			Yes	No []			
				0			[]			
				:	<u></u> -	10	<u>;</u>			
I hereby appoint Prac	ctitioners at Custom	er Number 27752 as	my/our atte	orneys(s)	or agent(s)	to prosecute the	e application identified			
above, and to transact all business in the United States Patent and Trademark Office connected therewith.										
Direct all correspondence to Customer Number 27752.										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief										
are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so										
made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOL	E OR FIRST IN	VENTOR:	A p	etition h	nas been fil	ed for this uns	igned inventor			
Given Name Kevin Gene				Family Name Peters						
(first and middle [in	Or Surname									
Inventor's Signatur	e				Date					
Residence: City 1	0202 Sleey Ridge	State OH	Country	USA		Citizenship I	USA			
	10202 Sleev Ridge	Drive								

Zip 45140

Country USA

State OH

City Loveland

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9045M

NAME OF SECOND INVENTO	R:	A petition has been filed for this unsigned inventor							
Given Name Michael Glen		Family Name Davis							
(first and middle [if any])		Or Surname	Or Surname						
Inventor's Signature		Date							
Residence: City 2212 Shawhan Rd. State OH		Country USA		Citizenship USA					
Mailing Address: 2212 Shawhan Rd.									
City Morrow	State OH	Zip 45152		Country USA					
NAME OF THIRD INVENTOR	<u>.</u>	A petition has been filed for this unsigned inventor							
Given Name	Family Name								
(first and middle [if any])	Or Surname								
Inventor's Signature		Date							
Residence: City	State	Country		Citizenship					
Mailing Address:									
City	State	Zip		Country					
	 								
NAME OF FOURTH INVENTO	A petition has been filed for this unsigned inventor								
Given Name		Family Name							
(first and middle [if any])		Or Surname							
Inventor's Signature		Date							
Residence: City	State	Country	·	Citizenship					
Mailing Address:									
City	State	Zip		Country					
NAME OF FIFTH INVENTOR	:	A petition has been filed for this unsigned inventor							
Given Name		Family Name							
(first and middle [if any])		Or Surname							
Inventor's Signature		Date							
Residence: City	State	Country		Citizenship					
Mailing Address:									
City	State	Zip Country		Country					
Page 2 of 2									

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